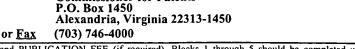


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee artifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

116

APPLICATION NO.

7590

07/22/2004

PEARNE & GORDON LLP 1801 EAST 9TH STREET **SUITE 1200** 

CLEVELAND, OH 44114-3108 10/21/2004 ZJUHAR2 00000075 09928896

01 FC:2501 02 FC:1504

685.00 OP 300.00 OP

FILING DATE



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G i	transmitted to the Obi 10 (105) 140-4000, on the date material below.						
<del>2</del> 0/	Susan K.	(Depositor's name)					
RADEMARIE	Seesan	K.	Naune		(Signature)		
	1015-04		0		(Date)		
FIRST NAMED INVE	NTOR	ATTO	RNEY DOCKET NO.	CONFI	RMATION NO.		

	09/928,896	08/13/2001	Gary Austin		32866US1	8149	
TIT	LE OF INVENTION:	CPAP HUMIDIFIER					
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	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	YES	\$665		\$300	\$965	10/22/2004
Г	EXA	MINER	ART UN	IIT	CLASS-SUBCLASS	7	
	BUSHEY,	CHARLES S	1724		261-119100	_	
1. C	change of correspondent 1.363).	ce address or indication of "F	ee Address" (37		nting on the patent front page, lames of up to 3 registered pate	, Paarna	& Gordon LLP
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  XX* Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer		or agents OR, alternatively,					
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TAGA Medical Technologies, Inc.

Mentor, Ohio

listed, no name will be printed.

Please check the appropriate assignee category or categories (will not be	e printed on the patent);	individual	Xxrporation or other private group entity	government 🔾		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):  XX A check in the amo	unt of the fee(s)	is enclosed			
XXPublication Fee (No small entity discount permitted)						
☐ Advance Order - # of Copies	XX The Director is he Deposit Account Num	reby authorized	by charge the required fee(s), or credit any end (enclose an extra copy of this	overpayment, to form).		
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not	claiming SMALI	L ENTITY status. See, e.g., 37 CFR 1.27(g)(2	.).		
The Director of the USPTQ is requested to apply the Issue Fee and Pub	olication Fee (if any) or to r	e-apply any prev	viously paid issue fee to the application identi	fied above.		

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(Authorized Signature)

(Date)

<u>Jeffrey</u>

Sopko.

This collection of internation is required by 37 (FR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidernality is governed by 3 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this formignation for federing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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